

CLAIMS ONLY						Application Number <div style="font-size: 1.5em; font-family: cursive;">10/713058</div>		Filing Date.	
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
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Total Depend	<div style="border-bottom: 1px solid black;"></div>		<div style="border-bottom: 1px solid black;"></div>		<div style="border-bottom: 1px solid black;"></div>				
Total Claims									
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Filing Date.

Applicant(s)

* May be used for additional claims or amendments